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PTC/S8/06 (08-03)
Approved for use through 7/31/2006. CMB 0651-0022
U.S. Petent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

	PA	TENT APPI	LICATIO! Substit	N FEE DET	ERMINALI	ON	RECORD	cormation uni	Applic	tops a volid OME ation of Doctors I	Scontrol number	٦
			AS FILED Cotumn 1)		Column 2)		SMALL	ENTITY	OR	OTHE	ER THAN LENTITY	7
	FOR NUMBER			ER FILED NUMBER EXTRA			RATE	FEE	1	RATE	T	ヿ
(37 CFR 1.16(n))					1			1	- KAIE	FEE	┨	
	'AL CLAIMS CFR 1.16(4)		minus 20 • •			1	<u>.</u>	+	OR.		 - -	4
INDEPENDENT CLAUMS		MS .					× = -	 	OR	× :	<u> </u>	┛
D7 CFR 1.18(b) missus 3 × MALTIPLE DEPENDENT CLASS PRESENT (37 CFR 1.18M				* •		1	x :		OR	X 8o	<u> </u>	_[
	TIPLE DEPENDE	ONT CLAIM PRES	ENT C	7 CFR 1.16(0)		ŀ	+3		OR	+: .		٦,
- U t	he difference in (polumn 1 is less	than zero, en	ter "O" in column	2.		TOTAL		OR.	TOTAL		1
	c	LAIMS AS A	MENDED	- PART (I	•				,			1
_		(Column 1)		(Cotimn 2)	(Column 3)		SMALL	ENTITY	OR		R THAN ENTITY	ı
AMENDMENT A	1/20/05	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADOI- TIONAL	1
S	Total CF CFR 1.18(cg)	35	Minus	36		1	X 3 =		-		FEE	1
	Independent (37 CFR 1,140/0)	. 3	Minus	·· 3	1.7				OR	* *		╬
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37					U	•		OR	× *	<u> </u>	4
			CC OEP CHOE	AT COAM (37 C	F# 1.16(d)		+52		OR	+1 -		┚
2	דת מי	-					TOTAL ADOL FEE		OR	TOTAL ADD'L FEE		
4	ITIOI	(Column 1)		(Column 2) HIGHEST	(Cotumn 3)						_	1
AMENDMENT B	3/03/04	REMAINING AFTER CAMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL	1
죍	Total (D) CFB 1.14(c)	34	Minus	:36	•			PEE			FEE '	┨
副	Independent (37 CFR 1.18(h))	- 2	Minus		•	ı	×e ·		OR	x :		4
₹ŀ				<u> </u>			× : : `		OR	<u> </u>		4
	FIRST PRESENT	THON OF MALTE	LE DEPENDE	HTCLAIN (37C)	7 1.19(d))	Ц	+s =		OR	+8 =		
		10ah 41			Gu	J	ADD'L FEE		OR.	ADD'L FEE		k
	11//1	(Column 1) CLAIMS		(Cotumn 2) HIGHEST	(Column 3)	r				<u> </u>		J
AMENDMENT C	11/0	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADOI- TIONAL FEE	•	RATE.	ADOI- TIONAL	
₫L	Co co a l'infen	:35	Minus	36	.0	ı	X		OR	. .	FEE	1
	bridependent QI CFR 1.18(b))	_ 3.	Minus			٠t	×			X \$		┨
₹	FRIST PRESENTATION OF MULTIPLE DEPENDENT CLAUM (37 CFR 1.18(d))						•••		OR OR	X 8		1
_	The set of a					_	TOTAL ACOL FEE		OR	TOTAL ADD'L FEE		1
	If the entry in col If the "Highest N						r 120 1.		•			1
	AND LERESHIES	ATEMIET PROMOCIO	Y PM 1 1 1 1 1	I THIS SPACE is XXI OF Independe			3°, mbis 6					

Interrupted number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 176 R 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form endor suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Transmark Office, U.S. Department of Commerce, P.O. Bux 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner. For Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9189 and select option 2.